

Care Plan: A Living, Breathing Document (A Focus on the CNA).

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Objectives

- Understand the Regulations pertaining to CNA involvement in resident person centered care planning process
- Understand the challenges a provider may experience in incorporating CNAs in the person centered care planning process.
- Describe how a provider may best include a CNA who has responsibility for a resident in the person centered initial and continuing care planning process.
- Understand a nursing assistant's perspective and insight of being part of a resident's person centered care planning process.



F656 Comprehensive Care Plans

- *The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.*



CARE PLANS MUST DESCRIBE

- *The comprehensive care plan must describe the following —*
 - *The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required and*
 - *Any services that would otherwise be required but are not provided due to the resident's exercise of rights, including the right to refuse treatment.*



CARE PLANS MUST DESCRIBE cont

- *In consultation with the resident and the resident's representative(s)—*
 - *(A) The resident's goals for admission and desired outcomes.*
 - *(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies...*
 - *(C) Discharge plans in the comprehensive care plan, as appropriate.*

CARE PLAN INTENT

- *Each resident will have a **person-centered** comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.*



F656 COMPREHENSIVE CARE PLAN

- *A comprehensive care plan must be—*
 - *Developed within 7 days after completion of the comprehensive assessment.*
 - *Prepared by an interdisciplinary team, that includes but is not limited to--*



CARE PLANNING TEAM MUST INCLUDE

- *Prepared by an interdisciplinary team, that includes but is not limited to--*
 - *The attending physician.*
 - *A registered nurse with responsibility for the resident.*
 - *A NURSE AIDE with responsibility for the resident.*
 - *A member of food and nutrition services staff.*



CARE PLANNING TEAM MUST INCLUDE

- *To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.*

CARE PLAN MUST BE

- *Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.*



RESIDENT CENTERED CARE PLAN

INTENT:

- To ensure the timeliness of each resident's person-centered, comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an interdisciplinary team.
- A team composed of individuals who have knowledge of the resident and his/her needs, and that each resident and resident representative, if applicable, is involved in developing the care plan and making decisions about his or her care.



Person Centered Care Planning Process

- A **person-centered approach** means focusing on the elements of **care**, support and treatment that matter most to the patient, their family and cares. The priority is to identify what is most important to them, without making assumptions.
- A **person-centered approach** to nursing focuses on the individual's personal needs, wants, desires and goals so that they become central to the care and nursing process. This can **mean** putting the **person's** needs, as they **define** them, above those identified as priorities by healthcare professionals.



Person Centered Care Planning Process

- Resident Rights (483.10) - requires nursing homes to ***protect and promote the rights of the resident; the resident's wishes and preferences must be considered in the exercise of rights by the representative, risks and benefits of proposed care, as well as alternatives or treatment options*** must be shared with the resident



Principles of Person Centered Care Planning

- **Valuing people**
Treating people with dignity and respect by being aware of and supporting personal perspectives, values, beliefs and preferences. Listening to each other and working in partnership to design and deliver services.
- **Autonomy**
The provision of choice and subsequent respect for choices made. Balancing rights, risks and responsibilities. Optimizing a person's control through the sharing of power and decision-making. Maximizing independence by building on individual strengths, interest and abilities
- **Life experience**
Supporting the sense of self by understanding the importance of a person's past, their present-day experience, and their hopes for the future.
- **Understanding relationships**
Collaborative relationships between the service provider and service user and their cares and between staffing levels. Social connectedness through the local community through opportunities to engage in meaningful activities.
- **Environment**
Organizational values underpinned by person-centered principles. Responsive support that is responsive to individual needs. A planned, organization-wide effort to individual and organizational learning.



Challenges

What are the challenges a provider may experience in incorporating CNAs in the person centered care planning process?

- Nursing home culture
 - Are the desires, wishes, preferences and priorities of the resident valued throughout the organization?
- Consistency
 - Are CNAs in a consistent assignment with opportunity to learn the preferences, patterns and desires of the resident?
- Taking time to listen to the CNA
 - Is anyone asking the CNA for their input?
- CNAs lack access to careplan
 - CNAs can not directly enter information into the careplan, they must find someone willing to enter the content.

How to include the CNA

- TEACH the CNAs to ask the residents a lot of questions about how they would like care to be provided.
- SCHEDULE consistent assignments of CNAs to allow the CNA time to learn and listen.
- ASK the CNA details on how the resident prefers care, what the resident's patterns and preferences are.
- INVITE the CNA to the care conference and make time for the CNA to participate.



Perspective of a CNA

- Teach Person Centered Care Planning
 - Orientation
 - Meetings
 - Newsletters
 - Leadership Modeling
 - Day to Day interactions



Perspective of a CNA

- Schedule
 - Consistency of unit and section
 - Get to know the residents
 - Ask lots of questions
 - Get to know their routine preferences wishes and desire
 - Share information with other through alerts, reports, and verbal communication



Perspective of a CNA

- Ask
 - Others ask me what I know to help provide input to the careplan
 - Social services
 - Therapy
 - Nurses
 - Managers
 - Life Enrichment
 - What I know helps guide plan of care by integrating resident routines, preferences, and priorities
 - When things change:
 - Communicate to nurse, manager, or MDS coordinator to include important information



Perspective of the CNA

- Invite
 - This can be the most difficult due to time constraints
 - It is helpful even to stop in for a couple of minutes
 - Often the nurse or nurse manager will ask my input prior to the meeting
 - The MDS coordinator will frequently ask me to review the careplan on the computer:
 - Provide verbal recommendation for changes



Perspective of a CNA

- Things that worked well, things that didn't work well? Lessons Learned?
- Words of advice to other facilities?



QUESTIONS????



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